



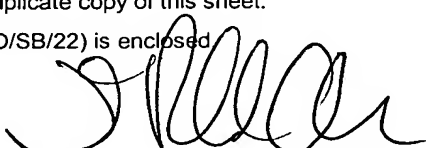
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PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 1163-0479P |
| In re Application of Hideaki MURAKAMI | | |
| Application Number 10/698,481-Conf. #3225 | | Filed November 3, 2003 |
| For CUSHIONING BODY | | |
| Art Unit 3683 | | Examiner M. Torres |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | \$ 500.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. | | |
| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed | | |
| I am the | |  |
| <input type="checkbox"/> applicant /inventor. | | Signature |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | D. Richard Anderson Typed or printed name |
| <input type="checkbox"/> attorney or agent of record. Registration number _____ | | (703) 205-8000 Telephone number |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>40,439</u> | | February 24, 2006 Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | | |

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